

FQRM D Mail Processing Section

AUG 1 1 2008

Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6) AND/OR

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated average burden					
hours per respo	nse16.00				

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1						

10ම	SECTION 4(0), AND/OR	DATE RECEIVED
400	UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering ( check if Hyde Park Global	this is an amendment and name has changed, and indicate change.) Offshore Fund, Ltd. Class A and Class B	Shares
Filing Under (Check box(es) that	apply): Rule 504 Rule 505 X Rule 506 Section 4(6)	ULOE
Type of Filing: New Filin	g 🔀 Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information reques	ted about the issuer	08057767
Name of Issuer ( check if thi	is is an amendment and name has changed, and indicate change.)	
Hyde Park Global	Offshore Fund, Ltd.	
Address of Executive Offices Clifton House, 75 Fort St., PO	(Number and Street, City, State, Zip Code) Box 1350, Grand Cayman KY1-1108, Cayman Islands	Telephone Number (Including Area Code) (345) 949-5173
Address of Principal Business Op (if different from Executive Office		Telephone Number (Including Area Code)
Brief Description of Business  Private securities  Type of Business Organization  corporation business trust	investment fund managed by Hyde Park G	blobal Investments Corp.  PROCESSED
Actual or Estimated Date of Incor Jurisdiction of Incorporation or O	Month Year poration or Organization: 05 03 X Actual Estir rganization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: <i>Who Must File:</i> All issuers making 77d(6).	an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC)	filed no later than 15 days after the first sale of securities in the offering on the earlier of the date it is received by the SEC at the address given be mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities an	d Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	549.
Copies Required: Five (5) copies photocopies of the manually signe	of this notice must be filed with the SEC, one of which must be manuall d copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information r	equested for the fo	ollowing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is	suer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial ov</li> </ul>	mer having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer
<ul> <li>Each executive of</li> </ul>	ficer and director of	of corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
<ul> <li>Each general and</li> </ul>	managing partner (	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·	···-·	***************************************	
Hyde Park Glo	bal Investr	nents Corp.			
Business or Residence Addre			ode)		
1145 Zonolite	Road, Sui	ite 8,Atlanta, Ge	eorgia 30306		
Check Box(es) that Apply;	□ Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			···	<del></del>
Afshar, Adam	A.				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
1145 Zonolite	Road, Su	ite 8, Atlanta, G	eorgia 30306		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Afshar, Moha	ımmad Mid	hel			
Business or Residence Addre			de)		
1145 Zonolite Re	oad, Suite	8, Atlanta, Geor	gia 30306		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<del></del>	<del></del>		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
			•		
	(Use bla	nk sheet, or copy and use a	additional copies of this sh	nect, as necessary)	

	16. 19.14			2001	KIKOJBĀĶĀJĪ	IONAVIO)	TI(OHIORI	(constant		100	4.5	
1. Has the	n incure cal	d or does t	he leener i	ntend to ce	ll to non a	oosaditad i	invactore is	thic offer	ing?		Yes	No No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								<b>X</b> )				
Answer also in Appendix, Column 2, it hing under OLOE.  2. What is the minimum investment that will be accepted from any individual?							<sub>\$</sub> 1,0	000,000*				
	*S	ubject to	o waive	er.							Yes	No
	_	permit join									_	
commis If a pers or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							<b>:</b>				
Full Name (	Last name	first, if ind	lividual)									
Business or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated B	roker or De	aler									
States in WI												
(Check	"All State	s" or check	individua	l States)			•••••		.,,,	,,	☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (	Last name	first, if ind	ividual)					• • •	· · ·			
Business or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	sociated B	roker or De	aler							<del> </del>		
States in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<u>.</u>				
(Check	"All State	s" or check	individua	States)				**************	***		☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name (	Last name	first, if ind	ividual)									
Business or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)					<u></u>	<u> </u>
Name of Ass	sociated B	roker or De	aler	. <u>.</u>			<u>.                                    </u>					
States in Wi	hiah Dansas	Tiotad Ha	o Callaitad	a= T=+== d=	An Calinia	D b o a a a						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)												
IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \sqrt{a}\) and indicate in the columns below the amounts of the securities offered for exchange and					
	already exchanged.					
	Type of Security	Aggregat Offering Pr		Aı	mount Al Sold	ready (U.S.)
	Debt	Ō		c	0	(0.07)
	Equity	150,000,	000	3_ S	330.0	
	[X] Common ☐ Preferred			<b>3</b>	<u> </u>	<u> 200</u>
	Convertible Securities (including warrants)\$	0		s	0	
	Partnership Interests			<b>,</b> —	0	
	Other (Specify)\$			J	0	<del></del>
	Total		000	<b>"</b> —	330,0	000*
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>		<b></b> _	000,0	
1	· · · · · · · · · · · · · · · · · · ·					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggreg	ate
		Number Investors			ollar Am of Purcha	ount
	Accredited Investors	1		\$_	330,0	<del>000</del> *
	Non-accredited Investors	0		\$_	(	0
	Total (for filings under Rule 504 only)	N/A	·	<b>s</b> _	1	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_				<del></del>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
		Type of		D	oilar An	nount
	Type of Offering	Security N/A			Sold	
	Rule 505			\$_	N/A	
	Regulation A	A I / A		\$_	N/. N/.	
	Rule 504	N/A		<b>S</b> _		
	Total	IN/A	_	\$_	N/	<del>^</del>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	*********		<b>s</b> _	0	
	Printing and Engraving Costs	,,,,,,,,,,,,	Ŏ	<b>S</b>	1,000	
	Legal Fees	**********	Ø	<b>s</b>	13,00	
	Accounting Fees		X	<b>s</b>	3,000	0
	Engineering Fees	•••••		<b>s</b>	0	
	Sales Commissions (specify finders' fees separately)			<b>s</b>	0	
	Other Expenses (identify) blue sky filing fees	***********	ď	<b>s</b>	2,00	00
	Total		×	<b>s</b>	19,00	00

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and total expenses furnished in response to	regate offering price given in response to Part C — o Part C — Question 4.a. This difference is the "ac	ijusted gross	\$_149,981,000			
each of the purposes shown. If the amo	ed gross proceed to the issuer used or proposed to ount for any purpose is not known, furnish an e The total of the payments listed must equal the ad onse to Part C — Question 4.b above.	stimate and				
·	•	Payments to				
		Officers, Directors, &	Payments to			
		Affiliates	Others			
Salaries and fees		2 <sub> </sub>	_   5   0			
Purchase of real estate		<u>s</u> 0	s0			
Purchase, rental or leasing and installat			_ 0			
			- ⊔³ <u> </u>			
	gs and facilities	s	_ D\$			
Acquisition of other businesses (include offering that may be used in exchange f	ing the value of securities involved in this for the assets or securities of another	•				
issuer pursuant to a merger)			_ 🗆 s <u>0</u>			
Repayment of indebtedness		<u>\$ 31,000</u>	_ Ds			
Working capital			<u>s</u> 0			
Other (specify): purchase of p	portfolio securities	s	<b>≥</b> \$149,950,000			
		0	s <u>0</u>			
Column Totals						
Total Payments Listed (column totals ac	<b>—</b>					
design on the second	eriati Didustikatikansi					
ignature constitutes an undertaking by the is	gned by the undersigned duly authorized person. issuer to furnish to the U.S. Securities and Exchaig non-accredited investor pursuant to paragraph	nge Commission, upon writte				
ssuer (Print or Type)	Signature	Date & S	~ C			
Hyde Park Global Offshore, Ltd.	Id. Wish	8.8	O 8			
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Adam A. Afshar	Director					
of assets monthly and an annu net appreciation. In addition, t	Global Investments Corp. a fee equal incentive fee equal to 20% of reathe issuer will reimburse Hyde Park 0 of organizational and offering expe	ilized and unrealized Global Investments (	Corp.			
Intentional misstatements or o	ATTENTION	I violations. (See 18 U.S	.C. 1001.)			